

**CLAIM FOR REIMBURSEMENT FOR DAMAGED OR  
DESTROYED PERSONAL PROPERTY**

**PRIVACY ACT NOTICE:** An employee may claim reimbursement under Section 233(a)(5), Title 38, United States Code, and VA Regulation 6078, for personal property damaged or destroyed by a patient or patient member while the employee was engaged in the performance of official duties. Completion of this form is voluntary. The purpose of the information is to evaluate the claim and determine whether or not reimbursement can be made under the above law. The information may be used routinely for verification with witnesses. Submission of this data may also assist in the expeditious processing of the claim. Failure to furnish accurately the requested items will result in a decision of entitlement made on the available evidence of record. This may result in payment of an inaccurate amount, or the complete disallowance of the claim.

**SECTION I - STATEMENT OF EMPLOYEE**

**INSTRUCTIONS** - Complete all items in Section I, obtain signatures of witnesses, if any, and submit original only to supervisor or other appropriate official as soon as practicable after the damage or destruction occurs.

1. NAME OF EMPLOYEE		2. EMPLOYEE'S HOME ADDRESS (For mailing check)	
3. NAME AND LOCATION OF VA STATION WHERE INCIDENT OCCURRED			
4. DESCRIPTION OF PERSONAL PROPERTY DAMAGED OR DESTROYED (If more space is required, continue under item 21 on reverse.)			
5. DATE OF INCIDENT	6. TIME INCIDENT OCCURRED AM PM	7. NAME OF PATIENT/DOMICILIARY MEMBER INVOLVED	
8. DESCRIPTION OF INCIDENT (Include all necessary facts for complete understanding of claim. If more space is required continue under item 21 on reverse, page 2.)			
9. AMOUNT CLAIMED \$	10. CLAIM IS FOR COST OF <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT		11. RECEIPT FOR COST OF REPAIR/REPLACEMENT IS <input type="checkbox"/> ATTACHED <input type="checkbox"/> NOT ATTACHED
<b>I CERTIFY</b> that personal property belonging to me was damaged or destroyed as described above, by a patient or domiciliary member, while I was performing official duties and that the facts in connection with this claim are true and correct.			
12. SIGNATURE OF EMPLOYEE MAKING CLAIM		13. TITLE	14. DATE
<b>I WITNESSED</b> the incident described above, and the statement of the claimant is true to the best of my knowledge.			
15. SIGNATURE OF WITNESS		16. TITLE	17. DATE
18. SIGNATURE OF WITNESS		19. TITLE	20. DATE

21. REMARKS (Continuation of item 4 and/or item 8)

CHECK

**SECTION II - STATEMENT OF SUPERVISOR OR OTHER APPROPRIATE OFFICIAL**

I have examined the property involved and the extent of the damage or destruction is as follows:

Repair of the damage is feasible.

Repair is not practicable.

I recommend that reimbursement be made.

Reimbursement is not recommended for the following reasons:

22. SIGNATURE OF SUPERVISOR OR APPROPRIATE OFFICIAL

23. TITLE

24. DATE

**SECTION III - DECIDING OFFICIAL**

25. CLAIM IS

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APPROVED

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DISAPPROVED

26. REASONS FOR DISAPPROVAL

27. SIGNATURE OF DECIDING OFFICIAL

28. TITLE

29. DATE